

STATE OF RHODE ISLAND



DEPARTMENT OF ADMINISTRATION

DIVISION OF TAXATION - EMPLOYER TAX SECTION

EMPLOYERS GUIDE TO MAGNETIC TAPE & DISKETTE REPORTING

For

QUARTERLY WAGE REPORTS

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INTRODUCTION

The Rhode Island Department of Administration, Division of Taxation, Employer Tax Section encourages all employers and payroll service companies to report quarterly wage information on magnetic tape, cartridge or diskette. The purpose of this publication is to provide employers and their authorized representatives with the requirements for reporting quarterly wage information on magnetic media.

Two tape reporting formats are acceptable for reporting quarterly wage information: a state format designed specifically for reporting information to this department, and a modified Federal Social Security format. Regardless of the format selected, a test tape **MUST** be submitted to this department to ensure compatibility with the department's computer system and compliance with this department's specifications.

The **EMPLOYER'S GUIDE TO MAGNETIC TAPE REPORTING** provides the detailed information necessary to prepare and submit quarterly wage information in the state format as well as modifications that must be made to the Social Security format for state reporting. For specific information on the Social Security format, please refer to Social Security Administration Publication: **MAGNETIC TAPE REPORTING**, available from the U.S. Department of Health and Human Services, Social Security Administration.

GENERAL INFORMATION

THE APPROVAL PROCESS

Before this department accepts a magnetic tape, the APPLICATION FOR QUARTERLY WAGE REPORTING ON MAGNETIC TAPE, Form 730, and a test tape must be submitted to ensure processing compatibility.

Service bureaus and payroll service companies must complete the APPLICATION FOR MULTIPLE-EMPLOYER MAGNETIC TAPE WAGE REPORTING Form 730-M.

This department will respond to the application and test tape within 21 days of receipt. Magnetic tape reports may not be filed with the department until this department grants written approval.

TAPE SPECIFICATION

- * Data must be written on 2 inch, 9-track magnetic tape, in the unpacked mode.
- * Recording density may be 6250 (preferred) or 1600 BPI.

- * All tapes must be recorded in EBCIDIC in an unpacked mode. All diskettes in ASCII.
- * Internal Labels (standard 80 character records) are required unless Special Handling is requested and specifically agreed to by this department. Header and trailer records must be separated from the data records by a tape mark.
- * External labels must clearly state whether data on Tape is blocked or unblocked, whether or not the Tape has an internal label, the employee record count, the number of employers if more than one, and the type of format, being state or federal.

UNREADABLE TAPES

Tapes submitted to this Department that do not meet the department's reporting specifications, or that cannot be read, will be returned. If the external label does not contain all the necessary information, it will be returned. Penalties will be assessed for reports that are not received timely and correct.

SENDING WAGE RECORDS TO THE DEPARTMENT

The following material must be submitted with your magnetic tape each quarter:

1. Quarterly Contribution and Wage Report (TX-17) with the appropriate block checked for magnetic tape reporting.
2. Your remittance check.

CORRECTIONS TO INFORMATION REPORTED ON MAGNETIC TAPE

Corrections or amendments to data submitted on magnetic tape must be submitted in writing. CHANGES AND CORRECTIONS MAY NOT BE MADE BY MAGNETIC TAPE.

ADDITIONAL INFORMATION

Information and forms regarding magnetic tape reporting may be obtained by contacting:

Rhode Island Department of Administration
Division of Taxation
Employer Tax Section - Wage Reporting Unit
One Capitol Hill Suite 36
Providence, Rhode Island 02908 - 5829
(401) 222-3521

REPORTING SPECIFICATIONS - STATE TAPE FORMAT

The Rhode Island Department of Administration, Division of Taxation, and Wage Reporting Unit will accept quarterly wage tapes submitted in accordance with the following specifications:

GENERAL REQUIREMENTS

Recording Code:	EBCIDIC	Tape Density:	1600 or 6250 BPI
Record Size:	275 or 276 Characters	Blocking Factor:	1
Block Size:	275 or 276	Tracks:	9
Internal Labels:	IBM Standard	Mode:	Unpacked

DATA FORMAT

Wage fields may be signed or unsigned at the discretion of the submitter. All numeric fields must be right justified and zero filled. Any field cited as blank will not be used.

RECORD TYPES

Two record types must be submitted on the quarterly wage tape. Each record will be identified by the **Record Identifier Code** appearing in the first position of the record. A "T" will identify the summary record and a "W" will identify each detail record. A single summary record "T" will always be followed by one or more detail "W" records.

Record types other than those indicated should not be submitted.

Record Name: EMPLOYER SUMMARY RECORD - IDENTIFIER CODE "T"

Position	Char Type	Field	Len	Remarks
1	A	Record Identifier Code	1	Constant "T"
2-13	N	Quarterly Wages*	12	Total Wages paid during quarter
14-25	N	Wage Record total*	12	Sum of all wages on "W" records
26-34	A	Magnetic tape reporter code	9	Constant
35-43	X	Blank	9	
44-53	N	Rhode Island Employer No.	10	
54-75	N	Blank	22	
76-77	N	Year being reported	2	Last 2 digits
78	N	Quarter being reported	1	1=Jan-Mar 2=Apr-Jun 3=Jul-Sep 4=Oct-Dec
79-89	X	Employer Name	11	
90-275(6)	X	Blank	186	

Record Name: DETAILED WAGE INFORMATION RECORD - IDENTIFIER CODE AW@

Position	Char Type	Field	Len	Remarks
1	A	Record Identifier code	1	Constant "W"
2-25	X	Blank	24	
26-34	X	Microfilm Index number	9	Constant "MAGTAPWGR"
35-43	N	Social Security Number	9	If not available, zero fill
44-53	N	Employer Registration No.	10	Same as item 6 in "T"
54-62	N	Employee Last Name	9	
63	X	Employee First Initial	1	
64-75	N	Wages reported for the Qtr*	12	
76-77	N	Year being reported	2	
78	N	Quarter being reported	1	
79-89	X	Employer Name	11	
90-275(6)	X	Blank	136	

* All wage items must be reported as dollars and cents with no decimals.

TYPE KEY: A=Alphabetic N=Numeric X=Character

REPORTING SPECIFICATIONS - FEDERAL TAPE FORMAT

GENERAL REQUIREMENTS

Recording Code:	EBCIDIC	Tape Density:	1600 or 6250 BPI
Record Size:	275 or 276 character	Blocking Factor:	1
Block Size:	275 or 276	Tracks:	9
Internal Labels:	IBM Standard	Mode:	Unpacked

DATA FORMAT

Wage fields may be signed or unsigned at the discretion of the submitter. All numeric fields must be right justified and zero filled. Any field cited as blank will not be used.

Record types other than those indicated should not be submitted.

RECORD NAME: CODE E - EMPLOYER ESTABLISHMENT RECORD FOR QUARTERLY STATE EMPLOYMENT SECURITY INFORMATION

Position	Char Type	Field	Len	Remarks
1	A	Record Identifier	1	Constant "E"
2-5	N	Payment year	4	Year for which report is submitted
6-14	N	Federal Employer Number	9	
15	N	Quarter Number	1	1=Jan-Mar 2=Apr-Jun 3=Jul-Sep 4=Oct-Dec
16-23	X	Not used	8	
24-73	X	Employer Name	50	
74-158	X	Not used	85	
159	A	Name code	1	S=Surname first, F=First name first
160-175	X	Not used	16	
176-185	N	Employer number	10	RI Employer Acct. No.
180-275(6)	X	Not used	90	

RECORD NAME: CODE S - SUPPLEMENTAL STATE RECORD – “QUARTERLY”

Report one Code AS@ record for each employee reported for the Employer on the “E” record.

Position	Char Type	Field	Len	Remarks
1	A	Record Identifier	1	Constant “S”
2-10	N	Social Security Number	9	If not available, zero fill
11-37	X	Employee name	27	Left justify
38-131	X	Not Used	94	
132-140	N	Quarterly wages paid	9	Dollars and cents no decimals
141-275(6)	X	Not used	135	

MAGNETIC TAPE TEST TAPE CHECK LIST

_____ Complete Application for Quarterly Wage Reporting on Magnetic Tape.
Form DET-730

_____ If you are submitting information for more than one Rhode Island Employer Account Number, also complete Multiple Employer Application, Form DET -730-M

_____ Prepare a test Tape of at least fifty records in either the State or Federal Format.

_____ Complete and affix an external label to the Tape reel that clearly identifies the Tape as a TEST TAPE.

_____ **Mail all forms and Tape to:**

Rhode Island Department of Administration
Division of Taxation
Employer Tax Section- Wage Reporting Unit
One Capitol Hill Suite 36
Providence, Rhode Island 02908 - 5829

RHODE ISLAND DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION - EMPLOYER TAX SECTION
WAGE RECORD UNIT

APPLICATION FOR QUARTERLY WAGE REPORTING ON MAGNETIC TAPE

Name of Requesting Firm: _____

R.I. Employer Acct. No.: _____

Address: _____

Estimated Number of Employees to be reported: _____

Tape Format Option: State () Federal (SSA) ()

Contact Person (Title and Phone No.) _____

Return Address for Tape: _____

First Quarter That Tape Will Be Submitted For: _____

SPECIAL HANDLING REQUESTS: _____

Signature and Title: _____ Date _____

SEND QUARTERLY WAGE TAPES TO:
Rhode Island Department of Administration
Division of Taxation - Employer Tax Section
Wage Record Unit
One Capitol Hill Suite 36
Providence, Rhode Island 02908-5829

**RHODE ISLAND DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION - EMPLOYER TAX SECTION**

MULTIPLE EMPLOYER APPLICATION FOR QUARTERLY WAGE REPORTING ON MAG TAPE

Name of Submitting Firm: _____

Address: _____

Estimated Number of R.I. Employers to be reported: _____

LIST ALL R.I. EMPLOYERS TO BE REPORTED ON MAGNETIC TAPE
ATTACH ADDITIONAL SHEETS IF NECESSARY

Employer Name	R.I. Registration No.	No. Of Employees
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature and Title: _____ Date: _____

RETURN THIS FORM WITH COMPLETED DET-730 AND OTHER REQUIRED MATERIAL TO:

**Rhode Island Department of Administration
Division of Taxation - Employer Tax Section
Attn: Quarterly Wage Reporting Unit
One Capitol Hill Suite 36
Providence, Rhode Island 02908-5829**